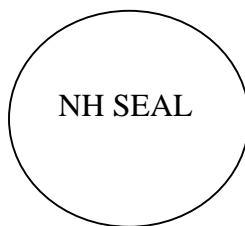


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Medicaid for Employed Adults with Disabilities

Drug Plan Guide

**For the New
Medicare Prescription Drug Change
Effective January 1, 2006**

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Changes in drug coverage:

Beginning January 1, 2006 individuals who have Medicare and Medicaid coverage through MEAD will have most of their prescription drugs covered by Medicare instead of Medicaid.

You are encouraged to sign up for a Drug Plan that best meets your medical needs. If you do not sign up for a drug plan by December 31, 2005, Medicare will sign you up for one to make sure you don't miss a day of coverage. Only your prescription drug coverage will change. Medicaid coverage for your other medical expenses will continue to be provided by the state.

Information by mail sent to you in October 2005:

(From the Centers for Medicare and Medicaid Services)

- “Medicare and You” 2006 handbook
Gives information on Medicare Drug Plan
- Auto-Enrollment Notice
Explains what drug plan Medicare has you enrolled in and costs for that plan.

This MEAD Drug Plan Guide is designed to help guide you to choose a Medicare drug plan. The Guide highlights 3 sections:

- 1. Drug Coverage Costs – Page 2***
- 2. Getting Started – Page 4***
- 3. Changing Plans – Appeals Process – Page 10***

Changing Drug Plans:

- If you want to change the Medicare Drug Plan you have been automatically enrolled in, you may select another Drug Plan.

Here's How:

- paper application through drug plan
- on the Drug Plan's website
- on the www.medicare.gov
- or call 1-800-Medicare
(1-800-633-4227)

Exceptions & Appeals Process:

- If your doctor believes you need to take a specific drug not on your Drug Plan's Formulary, you or your doctor can contact your Drug Plan and request an “exception” so that the Plan agrees to pay for this drug.
- If your Drug Plan denies the “exception”, you can appeal. Your Drug Plan will provide you with information about its appeal procedures once you are enrolled in the Drug Plan.

Need help selecting a Drug Plan?

If you need help enrolling in a drug plan that meets your needs, call one of the organizations listed below.

ServiceLink:

1-866-634-9412

NH Helpline/HICEAS:

HICEAS (Health Insurance Counseling, Education & Assistance Service)

To get referred to NH's Health Insurance Experts
1-800-852-3388

Medicare

(Centers for Medicare and Medicaid Services)

1-800-633-4227

TTY users 1-877-486-2048

www.medicare.gov

HELPFUL TIP:

Keep track of the answers to your Drug Plan questions by recording these calls or visits on page 9 of this booklet.

The Costs:

MEAD enrollees who have both Medicaid and Medicare are “Fully Eligible” for drug benefits.

Even though you have higher earnings and assets in MEAD, you are “deemed” with full dual eligibility status, which means you are responsible to pay for the co-payment of your prescriptions only.

With the Medicare Drug Plan you pay:

- No monthly premium costs.
- No annual deductible costs.
- Co-payments of \$1.00 to \$5.00 for each covered prescription.

Excluded Drugs:

Medicaid coverage will continue for the following list of Medicare excluded drugs listed below. These include:

- Barbiturates
- Benzodiazepines
- Agents used for anorexia, weight loss or weight gain – Medicaid prior authorization will continue to be required for weight loss drugs
- Agents used for symptomatic relief of cough/cold – Medicaid will continue to require an exception form
- Prescription for Vitamins and Minerals
- Over-the-counter (OTC) drugs – Medicaid will continue to require a Medicaid exception form for some OTC's

If you need assistance and have questions on which classes of drugs are covered by New Hampshire Medicaid, contact:

- Medicaid Client Services at
(603) 271-4344 or
Toll free 1-800-852-3345 Ext. 4344

Keep a journal below:

List the answers to your questions from Page 7:

[illegible]

Prescription Drug Plan Questions

Call/Visit Date	Contact Names	Questions

Benefits counseling is available:

Going to work and earning more income can impact other benefits like Medicare, SSDI, housing, and food stamps. Benefits specialists can help you sort out what this means to you. To obtain assistance, contact:

NH Helpline/HICEAS ((Health Insurance
Counseling, Education & Assistance Service)
1-800-852-3388

What you need to do:

1. Review the drug plan information in the “Medicare and You” 2006 handbook mailed to you.
2. Read the Auto-enrollment Notice” that was mailed to you to understand:
 - a. The randomly selected Drug Plan you will be enrolled in on December 31, 2005, unless you select another drug plan.
 - b. The costs for the drug plan.
3. List of all your medications on Page 5 of this Drug Plan Guide.
4. Review the drug plans offered by:
 - a. Visiting www.medicare.gov and select drug plan finder tool, or call 1-800-MEDICARE (1-800-633-4227).
5. You can compare the drug plans offered and their costs by writing the drug plans you find in #4 above and list these in the chart on Page 6 of this Drug Plan Guide.
6. Review drug plans offered to make sure the pharmacy you choose is part of the Drug Plan network, and that the location of the pharmacy is convenient.
7. Lastly, enroll in a Drug Plan beginning on November 15, 2005 and until December 31, 2005 instead of waiting for auto-enrollment.

LIST YOUR PRESCRIPTIONS (medications)

List below all the medications you are now taking. Then go to Page 6 and compare your list against the list offered by other Drug Plans to find out which plan covers most of your drugs.

My Medications		
Brand Name	Generic Name	Your Co-Pay Cost

List here the pharmacies you prefer to use:

Which Drug Plan is best for you?

Drug Plan Chart		
Compare your assigned drug plan against other plans.		
Drug Plan A Your Assigned Drug Plan	Drug Plan B	Drug Plan C
Make a check inside boxes below for Drug Plans A, B, and C that offer the medications you listed from Page 5.		